

# Using Higher-Value Providers and Protecting Patients

Work Session Recommendations

# Overall Reactions

- Options selected depend on whose values drive decisions: Individual patients? Society? Payers? Systems?
- Reforms should allow for patient values, preferences, how they make decisions, process information, etc.
- Solutions are regional; many options work in one region (e.g., large, many providers) but not others (e.g., small, little competition)
- Very important to recognize distinction between cost savings and value, particularly when tiering
- Information isn't enough; need aggressive marketing and education along with information
- We don't know yet how to do some of these. (e.g., good public campaign)

## 3.1 How should the use of higher-value providers and care systems be encouraged?

- **Little support for:** charging consumers same price or only small % of marginal cost, excluding low value providers (doesn't work in small markets), many tiers of providers, tier categories of providers separately (options 2,3,5,6 and 9)
- **Support for:**
  - Strong consumer education on how to use information, evaluate providers (option 1)
  - Small number of tiers (option 4)
  - Patient should feel substantial cost of low value choices (option 7)
  - Incentives to increase access to high quality providers e.g., night and weekend hours (new)
  - Better information and incentives for evidence-based referrals (new)

### 3.2 How should the use of higher-value treatments/services for **preference-sensitive care** be encouraged, and the use of unnecessary care be reduced?

- Support
  - Better information to consumers and providers (option 1)
  - Consumers pay big share / all of marginal costs for higher-cost options, pay less for lower-cost/higher-quality (options 3 and 4)
  - Provider and patient incentives for shared decision-making and preventative measures (option 6)
  - Health advocacy / coaching for patients (new option)
- Don't support
  - Small incentives
  - Incentives for just providers
- Discussion
  - Is there a distinction between just preference-sensitive care and all high-value care?

## 4.1 How should patients be protected against inappropriate under-provision of services?

- Strong Support
  - Require minimal, evidence-based services provided to get paid (option 1)
  - Collect, report data on underuse and care of disadvantaged population (option 2)
- Some Support
  - Bonus/penalty for minimal processes (in addition to outcomes) (option 3)
  - Consumer education (option 4)
  - Survey patient experience (e.g., good communication) (new option)
- Discussion
  - Discussion presumes bundled payment

## 4.2 How should providers be discouraged from dropping or avoiding “expensive” patients?

- Support
  - GOOD risk adjustment (option 2)
  - In absence of good risk adjustment, outlier payments (option 1)
  - Patient incentives to adhere to care (option 5)
- Don't support
  - Financial responsibility after leaving provider (option 3)
  - Require all comers (option 4)
  - Incentives to patients to improve health status (option 6)
  - Incentives to providers to serve broad range of patients
- Discussion
  - Is it lunchtime yet?